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INTRODUCTORY LECTURE

TO THE COURSE OF

MATERIA MEDICA AND PHARMACY,

IN THE

UNIVERSITY OF PENNSYLVANIA.

BY GEORGE B. WOOD, M.D.,  
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Delivered October 19, 1848.

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1848.

PHILADELPHIA, Oct. 27, 1848.

SIR—

At a meeting of the Medical Class of the University of Pennsylvania, the undersigned were appointed a committee to request of you, for publication, a copy of your highly interesting Introductory Address delivered on the 19th inst.

Hoping that it may suit your pleasure and convenience to comply with the wishes of the Class, we remain, with great respect,

Your ob't serv'ts,

A. J. PEEBLES,

J. M. H. CARLETON,

A. A. WALL.

DR. GEORGE B. WOOD, Present.

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TO MESSRS. A. J. PEEBLES, J. M. H. CARLETON, AND A. A. WALL, COMMITTEE OF  
THE MEDICAL CLASS OF THE UNIVERSITY OF PENNSYLVANIA.

GENTLEMEN—

It gives me pleasure to comply with the request of the Class in relation to the publication of my Introductory Lecture, which I herewith put into your possession. Receive for yourselves, and convey to the Class, the assurance of my kindest regards.

Sincerely your friend,

GEO. B. WOOD.

PHILADA., Oct. 28, 1848.

## INTRODUCTORY LECTURE.

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IT is a good general rule, that an Introductory Lecture should have a close relation to the subject of study which it proposes to introduce. This rule I have generally observed in my preliminary addresses to the medical class. But the ways of man's conduct in life, like those for his feet, cannot always be rigidly straight. They must be accommodated in the one case to the irregularities of circumstance, as in the other to the inequalities of surface. My position at present is, I think, such as to require of me a deviation from the ordinary course. Recently returned from travel in a foreign country, I may be reasonably expected to impart to those whom it is my duty to instruct some of that knowledge, having reference to our common pursuit, which I may have gathered while absent. I know of no opportunity better adapted to this purpose than that offered by the opening of a course of instruction, before the attention has yet been engaged in a regular series of observation and study, which it might be inconvenient to interrupt. You will, therefore, excuse, perhaps you may even commend me, if, on the present occasion, omitting all mention of the *Materia Medica*, the teaching of which is my special function, I shall in its place introduce to you a subject from abroad, and one no less important than that of the state of the medical profession in the British Islands. This is so peculiar, so different from what prevails in the United States, that it cannot but be an object of interest to all among you who have an inquiring spirit; and, considering the high civilization of that great country, the source of so much in every department of knowledge and art that we ourselves boast of, its arrangements in relation to a profession so influential as that of medicine must offer many valuable lessons, whether for imitation or for warning.

The present organization of the medical profession in Great Britain, like her political constitution and common law, has been the gradual growth of her wants or necessities, without any preconcerted or consistent plan. Unfortunately, accidental influences have been less successful in shaping institutions to the requirements of the case in this than in the other branches of public concernment; probably because medical knowledge lies less within the scope of mere human reason, and demands more of slow, patient, and persevering research, than either the political or the legal. Place together a number of individuals of Anglo-Saxon origin, beyond the pale of established government or acknowledged law; and, by the mere force of judgment, they will arrange themselves, almost as by a process of crystallization, into a regular and orderly community, with an organic constitution and a legal code admirably adapted to their wants. But their medical system, unless under instructed professional oversight, will scarcely rise above the empiricism of savage tribes; being withdrawn from the control of reason, which is powerless when unsupported by facts, and given up to the caprices of the passions and imagination. It could not be expected, therefore, that a medical polity, which has grown out of mere accidental circumstances, should exhibit the same beautiful appropriateness to the condition of the community as may characterize a similarly originating system of law and government. It is universally acknowledged in England that the organization of medicine in that country is defective; and that, with a vast amount of individual learning, skill, and devotedness, the general economy of the profession is not upon the same elevated level as the other great national interests.

The Medical and Pharmaceutical Professions in England embrace four bodies of Practitioners more or less distinct;—the Physicians, the Surgeons, the Apothecaries or General Practitioners, and the Chemists and Druggists. Of these, the Physicians practise medicine either exclusively, or in connexion with obstetries; the Surgeons strictly so called are confined to operations, and the treatment of affections generally denominated surgical; the Apothecaries combine the occupations of the pharmacist, the physician, the obstetrician, and often of the surgeon, under the name of General Practitioners; and the Chemists and Druggists are restricted to pharmacy, in other words, are identical with the



apothecaries of this country. The last mentioned body, as they practise neither medicine nor surgery, but confine themselves to the preparation and sale of drugs, cannot be considered as belonging to the medical profession, and will, therefore, be omitted in the remarks I am about to offer. I will simply observe of them, that they are relatively few; being confined for the most part to the larger towns, where they more than share their business with the apothecaries. They are, however, increasing in numbers, qualifications, and standing; and it is to be hoped that the time may come, when they may supersede their present rivals, and, compelling these into their medical functions exclusively, may get possession of the whole pharmaceutical business, at least in all places where the population is sufficiently numerous to support an independent drug establishment.

Of the three divisions which together constitute the great medical body of the country, the physicians hold the highest rank; though it cannot be denied that individual surgeons, by great talents and extraordinary success, have raised themselves to an eminence not surpassed by any belonging to the more elevated branch of the profession. All are entitled to the name of physician who have graduated in a British or foreign university, or have become licentiates of the Royal College of Physicians of London. But there are certain regulations which limit the privilege of practising, at least the legal privilege, within narrower bounds. Thus, by the charter of the College of Physicians, that body has the power of preventing any one from practising as a physician in London, or within seven miles of that city, who has not submitted to its examinations, and received its license; and may even enforce its privileges by fine and imprisonment against those who reject its authority. All the regular London physicians are licentiates or fellows of the College; the latter being the proper members of the body, and supplied by annual election from among the former. In relation to England and Wales beyond the limits just mentioned, I find it stated in the London and Provincial Medical Directory, that the only *legal physicians* are the licentiates and extra-licentiates of the College of Physicians, and the licentiates of the Universities of Oxford and Cambridge, to whom I presume should be added the graduates of the London University. Extra-licentiates are those permitted to practise only beyond the bounds of London and its vicinity.

They undergo a different and probably less strict examination, and are required to pay less than one-half the diploma fees demanded of the licentiate, which are very large, being not much short of three hundred dollars. But, though physicians, in the legal sense, may be thus limited, yet, according to the same book, the graduates of the Scotch and foreign universities have long been admitted by the College as licentiates; so that the fact of graduation is in reality sufficient authority to practise. When attending the late annual meeting of the Provincial Medical Association at Bath in England, I was accosted by a gentleman who informed me that he had been one of my pupils, having attended lectures and graduated in the University of Pennsylvania. He was an Englishman by birth, had for some reason which I did not learn chosen to obtain his medical education in the United States; and, having received the honours of this School, had returned to his native country, and was now practising acceptably in one of its noblest cities, with no other authority than that of his American diploma.

Having told you who the physicians of England are, I will next tell you what they do. It may seem strange to you that any information should be needed on this point; and yet, if your notions were to be formed exclusively from what you are familiar with on this side of the Atlantic, you would have but an imperfect conception of the professional habits of the English physician. Many of you, I dare say, fancy him to be a man out early and at home late; riding from house to house on horseback, or in his one-horse vehicle; at the beck and call of any one who may wish to see him whether by day or by night; carrying his medicines along with him; turning his hand to everything that may offer; at one time using the lancet, at another dressing a wound or an ulcer; now perhaps extracting a tooth, and then superintending a labour; and, at the end of the day's work, noting the results in his account-book, and congratulating himself that, at the expiration of the year, he may, by sending out bills, gather in enough to feed, clothe, and warm his family. A London or even provincial physician in England would smile at this notion of his day's work. The fact is that he rarely touches a medicine, eschews all surgical offices as beneath the dignity of his position, would probably as soon think of performing the part of an executioner as that of a bleeder or tooth-drawer, and yields

up obstetrics with the greatest possible good will to the general practitioner, or to the few who make it a special duty. His business is purely to give advice and to prescribe. The metropolitan physician seldom leaves home before 12 or 1 o'clock, and then drives out with his chariot and pair; and a fine equipage is almost as necessary an appendage as a hat or a coat. Much of his most profitable business is at his own house, where he receives calls and gives advice after his breakfast hour; the patients being admitted into a reception room, and one by one entering the sanctum in their turn. Very many of his visits are in consultation with the general practitioner, who is usually called upon at the commencement of the disease, and in mild cases, and asks the aid of the physician when the symptoms become grave or obstinate. Not unfrequently he makes but one visit, waiting to be again summoned by the attending practitioner before repeating it. The wealthy only can afford the luxury of continued and regular attendance from the physician. In this country, the nearest approach to the ordinary practice of the English physician is that of a medical man of established reputation in one of our larger towns, who, wishing to limit his business, confines himself as much as possible to the giving of advice at home, and a consultation business abroad. But here the analogy ceases. The mode of compensation differs entirely. With us, each piece of service is noted in the day-book, and a bill rendered for the whole at stated periods. In England, the service is paid for when received. We charge one or two dollars a visit, they expect a guinea or about five dollars. We have a legal claim for our fee, and often lose it. They have no legal claim for theirs, and are sure to get it. A physician in this country may, if fully occupied, in the most favourable situations, make eight or ten thousand dollars a year; a London physician of high repute not unfrequently receives five thousand pounds, equivalent to nearly twenty-five thousand dollars, and sometimes doubles that income. It is remarkable how our sensibilities accommodate themselves to the peculiar circumstances of our position. The physician in England thinks that to send in a bill for attendance would level him with the mechanic, and looks with something like contempt on the practice. I confess that to hold out my hand for money at each visit would be repugnant to my sense of delicacy. I should feel as if I were reducing an



honorary to a mercenary service. It seems to me that the practitioner, under such circumstances, though he may not absolutely repeat the servile formula—*remember the physician*, must have the words in his heart.

The number of physicians is small, compared with that of the other classes of medical practitioners. They are almost all well-educated, many of them highly-educated men; and, indeed, a good preliminary education is a necessary pre-requisite to an examination for the medical diploma, in all the English institutions which have the authority to grant it. They are also men generally of cultivated manners, and have the moral tone as well as exterior polish which characterize the gentleman. Though inferior in rank to the higher aristocracy of the kingdom, they associate often upon equal terms with the best society; and we occasionally see it announced in the *Court Journal*, that some physician of eminence has been honored with a seat at the queen's own table. They frequently have great influence with men in power, and with the community among whom they live. I repeatedly met with physicians in the large provincial towns, who either were at the time or had been mayors of their respective corporations; and that position is even more honorable and influential in England than in this country. Their professional success is very precarious. It is, for the most part, after long waiting, and many of those delays which make the heart sick, that they become firmly established; and the greater portion can expect little more than to make a respectable livelihood. Now and then, however, an encouraging instance of great success occurs among them, leading to both fame and fortune, and serving as a beacon-light to ambitious aspirants. The system of high fees enables one who can obtain a large practice among the opulent to reap abundant emolument; while it does not altogether prevent others from obtaining practice among the middling and poorer classes; for, though precluded by the general sentiment of his class, which has almost the force of law, from accepting less than a guinea for each visit, he may attain the same end by declining compensation for every second or every third visit, or even for two out of three visits, so as to bring the fees in fact nearly on a level with ours.

From the physicians of England I personally met, whenever I came in contact with them, the utmost courtesy, and to many



I am indebted for very kind attentions. To Drs. Pereira and Christison especially, who may perhaps have recognized congeniality of pursuit as a stronger claim on their hospitality than mere professional brotherhood, I would express a peculiar obligation; and, should this acknowledgment ever reach them, I hope they will still further add to their kindness by excusing the use, which, under the impulse of feeling, I have ventured to make of their names on so public an occasion.

The second division of practitioners before alluded to, or the proper surgeons, are those who profess to deal only with surgical affections, with the addition in some instances perhaps of obstetrics. They do not seek a diploma in medicine, and have no special designation to distinguish them from other members of the community. To the eminent surgeon it is offensive to be styled doctor, because the giving of a title to which he has no claim would seem to imply, that his consequence may be added to by something extraneous to his own merits or position. Though none are prohibited by law from assuming the name and character of a surgeon, and some persons do so without any claims from qualification or otherwise, yet no one is recognized as belonging regularly to the profession, or can gain a respectable standing in the community, unless he has gone through a preparatory study and training, and received credentials from some authoritative body. Such credentials are generally obtained from the Royal College of Surgeons of London, whose diploma of membership, given after a certain specified course of instruction, and a successful examination by the College, is everywhere received as sufficient authority to practise, and is sought for by most of those who have respect for themselves, or seek the respect of the community. A higher position still is that of fellowship in the College, which implies more ample literary as well as professional attainment, and is conferred, after a satisfactory examination, upon candidates who can bring the requisite certificates of previous preparation, such as that they are twenty-five years of age, have a competent knowledge of the Greek, Latin, and French languages, and have been engaged for six years in the acquisition of professional knowledge in recognized hospitals and schools of medicine, either in the British islands or abroad.

I found a distinction made in England, in conversation, between the surgeons and consulting surgeons, though I could not

discover any very definite line between the two sections of the profession. The consulting surgeons, however, appear to be those who aim at or have obtained the highest position among their fellows, who leave to others the humble offices of the profession, and confine themselves to the giving of advice at their houses, to the performance of operations, and to consultations. They are men of the highest attainment, respect, and influence in the communities in which they move, not unfrequently attain considerable wealth, and in many instances have, like the more successful physicians, been honoured by knighthood or a baronetcy—the highest title which has ever yet been conferred on any member of any branch of the medical profession in Great Britain. Sir Astley Cooper, Sir Benjamin Collins Brodie, Mr. Travers, Mr. Stanley, and Mr. Liston are, or were, examples of this higher grade of surgeons. Mr. Norman, an eminent surgeon of Bath, and at the time mayor of that city, presided over the late annual meeting of the Provincial Medical Association, though numerous physicians, and some of them of high standing, were present. In short, I could not discover that any marked distinction in social standing existed between the physicians and consulting surgeons. Both are, I think, generally deemed much superior, on the average, to the lower grade of surgeons, and to the general practitioners.

This last class will next engage our attention. It is by far the most numerous, and, if I am not much mistaken, is destined to play an important part in the future medical history of the country. It took root in the once humble and despised apothecary, gradually grew upon the wants of the community, and has at last attained an overshadowing magnitude, which, though each individual branchlet may be of little significance, will probably in time, by its very mass, shut out the sunshine of public patronage from the hitherto more elevated classes, and cause them finally to wither in its shade. The original and proper business of the apothecary was no doubt to prepare and vend medicines; and this it ought still to have continued to be. In the United States, he remains what he originally was; and the consequence has been, that, by a concentration of time and abilities upon his own pursuit, he has elevated pharmacy from the rank of a mere trade to the dignity of a profession, and increased in a corresponding degree his own personal respectability. It was other-



wise in England. There, the apothecary, though he continued to prepare and sell drugs, superadded the practice of the different branches of the medical profession to the pharmaceutical, which thus became secondary in his own estimation and that of the public. Without becoming a good medical practitioner, he ceased to be a good pharmacist; and the name of apothecary came at length to signify a mongrel compound of doctor, man-midwife, surgeon, and drug vender; a true jack of all trades and master of none; willing to play second part to the regular physician, and, though used by the public, yet looked on by them with a sort of good-natured contempt. It is not difficult to account for the different results in the two countries. With us, the practice of medicine, if not quite free, was trammelled with very few restrictions, and those by no means onerous; so that it was easy for any one possessing moderate means to enter the profession, the ranks of which were thus kept filled up to the wants of the country; while competition placed the fees upon a level with the general means of the public. All the avenues to practice being occupied by those regularly trained to the pursuit, the apothecary had no opportunity or temptation to step over the legitimate bounds of his profession into the empty places of medicine. In England, on the contrary, the regularly educated physicians were comparatively few; and these, enjoying a kind of monopoly, were enabled to maintain prices at such a point as to place their services beyond the means of persons in low or moderate circumstances. The poorer people, unable to pay for instructed advice, turned to the apothecary, who, as a vender and preparer of medicines, was naturally supposed to know something of their uses. He thus became the adviser and attendant of the lower classes; and even those of the upper ranks gradually began to employ him, first as a subordinate auxiliary to the physician, and at length as his substitute in mild cases, and the incipient stage of those of a severer character. Not being permitted to charge for his advice or his visits, he naturally sought to indemnify himself for his loss of time by an increased sale of his medicines; and was tempted into various irregular modes of attaining this end, among which were excessive medication, the adaptation of the prescription to the pecuniary advantage of the prescriber rather than to the real wants of the patient, and a system of monstrous over-



charging. I have been informed that it was formerly not uncommon for the apothecary to put up a dose of salts, worth two or three pennies, in half a dozen or a dozen potions, to be taken at intervals of an hour or two, each at the cost of a shilling.

Conscience and a proper sense of his interests combined to induce the apothecary to render himself fitted, so far as possible, to the new office which had been in some measure forced upon him. He sought, therefore, in the hospitals and schools, and by a course of study, a competent knowledge of disease, and the recognized modes of treating it. Some attained great skill and reputation, and even raised themselves to the rank of regular physicians. Many, however, remained in contented inferiority or ignorance; and the general standard of medical attainment among them was certainly not very elevated. The London Society of Apothecaries, who held the exclusive right, under the law, to grant licenses to practise their art, were by no means strict in their medical requisitions. The great majority of the people of England appeared to be doomed to intrust their health and lives to the chances of incompetent advice. But a new era has opened; great advances have already been made towards a better condition of things; and, on looking down the long vista of futurity, we may see the prospect gradually widening and improving for this branch of the medical profession, and that portion of the public health entrusted to them. Formerly, though the practice of medicine had been grafted on pharmacy, the latter continued to be the main object of solicitude, as it was the chief source of profit. Gradually the medical branch has acquired increased vigour, growing upon the nourishment that was thrown into it at the expense of the parent stem, until at length it has expanded into a luxuriance which almost conceals the latter from view. The Society of Apothecaries established a higher grade of medical qualification for their licentiates, and sustained that grade by more rigid examinations. The education now demanded of the apothecary, before he can obtain permission to practise, is of a character quite equal to the requisitions of our own schools. Independently of five years' apprenticeship, which is considered requisite for his due pharmaceutic accomplishment, he must be twenty-one years old, have attended three courses of winter and two of summer lectures in some recognized school, and at least a year in some recognized hospital containing one hundred

beds. Of the different branches of medicine, surgery alone is omitted from the schedule of studies. The apothecary, though a medical practitioner, is not necessarily a surgeon. But most of those who enter into this division of the profession, qualify themselves also, as I was informed, for the practice of surgery, and become members, after due examination, of the College of Surgeons of London. They thus lay themselves out for the practice of every branch of our art, exactly as the country physician in the United States; and, in correspondence with this position, they are beginning to throw aside the title of Apothecary, and to assume that of General Practitioners. Until recently they were allowed to charge only for medicines; the advice and attendance being thrown into the bargain. At present, according to the decision of the Courts of Law, they can charge for both; and one great and most absurd evil has thus been corrected. The English general practitioners are now almost precisely upon a footing with the greater number of physicians in the United States, differing simply in the circumstances that they do not take the degree of doctor of medicine, and in most instances continue to unite the business of the retail druggist with that of the physician. They universally make lower charges than the usual fee of the physician in England, receiving, I believe, generally, from those who can afford it, five shillings instead of a guinea for each visit. They enjoy the advantage, also, if it can be considered one, of having a legal claim for compensation for their services; and, as with us, they render their bills at stated periods, instead of receiving their fee in hand. It is easy to foresee that, with increasing competence, and a still more enlarged instruction, they must raise themselves in time to be the almost exclusive medical practitioners of the land; for low prices, with equal qualifications, will in the long run invariably carry the day. The very wealthy and the high aristocracy may long continue to cherish the distinction of a physician at a guinea a visit; but even they will, I think, in time, come into the five shilling system, when they learn that the great point of health can be equally well secured. But, before this end arrives, a great change is yet to take place in the plans of the general practitioner. It will be necessary for him to devote an exclusive attention to the medical department of his profession, and to cut loose from the pharmaceutical, which must be abandoned to the

Chemist and Druggist, or in other words the legitimate Apothecary.

Were time allowed me, it would be easy to point out the evils which flow from the combination of these two pursuits in one. As it is, I must content myself with a hasty sketch of them. They who are but superficially acquainted with the various qualifications required in the practitioners of medicine and pharmacy, know well that either one of them is sufficient to engross all the time and powers of a single individual; and that he who undertakes to unite them must, as a general rule, do so at the expense of proficiency in one, or the other, or in both. This alone is an all-sufficient reason why they should be separated. But there are others. The medical practitioner who prepares and dispenses medicine is constantly exposed to the temptation of over-medication if he charge for his medicines, of under-medication if he make no charge; and if, in his capacity of apothecary he be called on to put up the prescriptions of others, he is again tempted to an undue interference with the physician, by undervaluing whose skill he is indirectly raising his own in the estimation of the patient, and paving the way for an extension of his practice. The majority may resist these temptations; but some undoubtedly yield to them, and thus affix a stigma to the whole body, which has a tendency to indispose young men of the highest qualifications from joining it, and consequently lowers somewhat not only its general reputation, but its real efficiency. The general practitioners of England can never place themselves on a level with the physicians and higher grade of surgeons, until they shall have effected the separation alluded to; and we shall do well in this country to take warning from English experience, and scrupulously continue to keep the two professions distinct. In relation to practitioners in thinly peopled neighbourhoods, where apothecaries' shops are not accessible, it is necessary that the physician should himself dispense medicines to his patients; but it is not necessary that he should make a business of their preparation and sale, and thus load himself with the burthens and responsibilities of another profession.

From what has been said you will have inferred that the organization of the Profession in England is very complex. It is even more so than I have described it, in consequence of the varying action of different bodies, having or professing to have



peculiar legal powers, or at least exercising by prescription peculiar influences which have almost the force of law. Thus, connected with the Royal College of Physicians are two if not three classes of practitioners; with the Royal College of Surgeons, two; with the Society of Apothecaries, a third; while, in the instance of new regulations in any of the Institutions, there is necessarily one class of those in existence before their adoption, and another of those who enter the profession afterwards. The degree, moreover, of different institutions is of different weight, that of Oxford and Cambridge being perhaps more highly esteemed than that of Edinburgh or Glasgow, or of the foreign universities. In fact, upon making inquiry of some of my medical friends in England, I found that even there all the entangled relations of the different sections of practitioners were not by any means universally understood. From this cause it has happened, that the movements in the profession which a sense of its imperfect organization has occasioned, and the extent of which indicates a general dissatisfaction and restlessness under the present system or want of system, have hitherto been productive of no very important results. The lawmakers have shown a disposition to aid the profession in working its way out of these intricacies; but a movement made in any one direction is apt to be met by the remonstrances of some opposing privilege, interest, or prejudice; and legislative interference appears to have been postponed until some plan can be presented, which shall unite the suffrages of the great body of those concerned. I cannot but think that the sagacity and judgment so characteristic of the English will ere long be brought to bear on this confused subject, and that measures will be devised calculated to bring about harmony if not perfect unity in the profession; so that the struggle as to what peculiar interest shall be best promoted or defended, will give way to an emulous rivalry in furthering the general good. There should be one education and one grade of honour common to all; and everything else should be left to individual effort. Some as at present would addict themselves to medicine, some to surgery, some to midwifery, &c.; and many would combine the three branches together. The more special practitioners might be slower of success, but would in the end acquire greater skill and reputation, and consequently greater emolument; and there would be an ample field for the gratification of

an honorable ambition on the broad basis of equal rights and privileges to all.

The remarks hitherto made have had reference chiefly to the organization of the profession; but the view would be very incomplete in your eyes, were I not to present to you some account of the plan of medical education, and the qualifications demanded of the candidate for the medical diploma, or in other words for the certificate of qualification to practice. You will be surprised to learn that none of the proper medical schools in England, and none of the literary institutions with which they are directly connected, have the power either of conferring degrees, or of giving a license. The only graduating bodies are the Universities of Oxford, Cambridge, and London. The two former grant medical honours to those exclusively who have completed a course of academic study under their own supervision, unless perhaps the graduates of the Dublin University may constitute an exception; the latter extends them to all who can present the requisite credentials, and undergo the requisite examinations, no matter in what school or schools their medical education may have been conducted, provided only that the school be one recognized by the University, and of the four years of scholastic attendance required, one year at least shall have been in connexion with one or more of the schools of the United Kingdom. Attached to the Universities of Oxford and Cambridge there are professorships in the medical sciences, and, in the latter, courses of instruction are given; but in neither is there a complete school. The University of London has not even the shadow of a school attached to it; for the University College of London, whose medical class is I believe the largest in England, has no more connexion with the University of London, notwithstanding the similarity of name, than any of the other respectable schools upon the island. The University is merely an examining and degree-conferring body, established by government so as to enable dissenters to obtain academic and medical honours; the graduates of Oxford and Cambridge being required, I believe, to profess adhesion to the national church.

The schools are generally established in association with hospitals; the prescribing physicians and surgeons of these institutions uniting to get up courses of instruction in the different branches of medicine and surgery; and so necessary is the

hospital connexion deemed, that, when independent schools are instituted, they endeavour to set on foot an infirmary, to be under the charge of the teachers, as in the cases of the King's College, and the University College in London. Had I time, I could easily demonstrate, to your satisfaction, that this plan of forming schools as subsidiary to the hospitals can never be permanently and greatly successful. The chief objection to it is that the officers are appointed not in reference to their qualifications as teachers, but for the practical charge of the infirmary. It may accidentally happen that one or more of them may possess high teaching powers; but a succession of such happy accidents can scarcely be expected; and the reputation of the school must be temporary. No great school of the kind has maintained a permanent existence in England; no one in fact has ever risen into the eminence which institutions have attained, based upon the principle, that peculiar qualification for the duties to be performed should be the ground of appointment. The most successful school in London has been that of the University College, in which the Professors are chosen for their professorial abilities, and not for their fitness, either from favour or qualification, for the office of physician or surgeon to an hospital.

Schools are numerous both in London and the provinces. In the former, thirteen are recognized by the London University, in the latter no less than sixteen, of which the most distinguished are those of Manchester and Birmingham. Many of these schools are imperfect; but, as the requisition for graduation or a license is that the candidate shall have attended courses on certain subjects for a certain length of time, he may receive his instruction, if he see fit, in several distinct schools, attending to one subject in one and to another in another; so that any deficiency in the arrangements of a school as to the subjects taught may be easily supplied. Most of the schools are very slenderly attended; many having classes of considerably less than fifty pupils, while the most flourishing seldom exceed two hundred or two hundred and fifty.

The population of England cannot support so large a proportionate number of practitioners as ours, in consequence of the vast excess of the poor, who never pay for medical aid. This class of the population can contribute to increase the number of practitioners, only in so far as the medical assistance yielded



them is paid for out of the public purse; but the compensation thus given is so ridiculously insignificant, and the numbers of the poor whom it is expected that each practitioner employed for the purpose shall attend is so absurdly great, that but a small addition can be made to the aggregate number of medical men upon this score. The inadequacy of the compensation made by the public for attendance on the poor, is one of the most common and loudest complaints of the profession; and I have heard the strongest terms of reproach lavished on the wretched parsimony, which exhausts and impoverishes the medical practitioner, while professing to pay him for his services. I remember being told that the practitioners employed by the government, during the prevalence of the typhous epidemic, which has recently been desolating Ireland, were expected to expend their whole time, and more than all their energies, in visiting the destitute sick over wide tracts of country, for the miserable pittance of five shillings a day; scarcely sufficient to pay for their necessary horse-hire. Why, it may be asked, should they submit to be thus treated? The answer simply is, that, placed as they are in the midst of the perishing poor, they are compelled by the ordinary feelings of humanity to make every possible effort for their relief; and the government, with the spirit of a usurer preying upon the struggles of the unfortunate, speculates upon their benevolence. The consequent exposure and hardships prove extremely destructive to the practitioners thus employed; and I heard one of the most eminent of the physicians of Ireland say, in the most mournful and touching accents, that one-fifteenth of all the medical men of that island had perished in the year 1847, chiefly of typhus fever. The evil is not so great in England; but it is even there universally looked on by the profession as a most crying grievance, a piece of enormous injustice, which the public are called on by every principle of right and every feeling of humanity to rectify.

If the whole number of students is small, that of the candidates for the degrees in the Universities is incomparably less; and I was astonished to learn that the University of London does not graduate more than ten or eleven annually. I was told that, in all London, there were probably at no time more than from eight hundred to a thousand students of medicine; and of these but a small proportion is engaged in attendance at the

same time upon all branches; so that, divided among the thirteen recognized schools, the average class of each individual teacher must be small. I do not know that it is a legitimate matter of boasting; but the fact is certainly worthy of notice, that, while London, the metropolis of the world, with two millions of inhabitants, has little more than eight hundred medical pupils, Philadelphia, with only one-sixth of the population, counts her thousand or twelve hundred every winter.

It may be expected that I should detail the qualifications deemed essential for admission into the different classes of practitioners respectively; but time is wanting, and I must be content with stating that, in relation to preliminary education, length of study, amount of knowledge, and age of admission, the requisitions for the highest class are much greater than with us, while, for those of a lower grade, they are about the same. Thus, four years of study are demanded by the University of London as preliminary to the degree of Bachelor, six years to that of Doctor of Medicine; the Royal College of Physicians and that of Surgeons, require, the former five and the latter four years; and the Apothecaries' Society exacts of every candidate for their license, which constitutes the only legal authority of the general practitioner, besides an apprenticeship of five years with an apothecary, an attendance upon not less than three winter and two summer sessions of lectures.

Notwithstanding these higher requisitions upon paper, were I called on for an opinion as to the relative qualifications of the medical men in England and the United States, though confessedly not possessed of all the means of forming an accurate judgment, I should say, from what I have observed, that, if the higher grades of English physicians are superior in education to ours, the case is reversed in relation to the great mass of practitioners. The main cause of this superiority on our part, admitting it to exist, is probably that the American practitioner reads much more, after the nominal completion of his studies, than the English, of which one of the strongest proofs is the comparatively small editions of medical books sold in England. Their own best works are more read in the United States than at home. My friends in England appeared to be astonished when informed of the number of medical books sold in the United States. Perhaps one cause of this difference may be, that the

great body of English practitioners, being apothecaries, have their time too much engrossed by the pursuit of two distinct branches of business to allow much of it to be devoted to further study.

It remains only that I should give a hasty sketch of the organization of the profession in other parts of the United Kingdom. In Ireland, it is almost an exact copy of that existing in England:—the same classes of practitioners; the same licensing and graduating authorities; the same system of medical instruction. There are in Ireland, as in England, Physicians, Surgeons, and Apothecaries. Dublin has its King and Queen's College of Physicians, its Royal College of Surgeons, and its Apothecaries' Hall, closely analogous in their constitution and privileges to the corresponding institutions in London. There is also the Dublin University or Trinity College, which confers degrees in medicine; but differs from the English universities in having a completely organized school of medicine connected immediately with it; in this respect, resembling the Scotch universities and our own. But there are numerous other schools in Dublin, private or connected with the hospitals, in which the large classes of the surgeons and apothecaries mostly receive their education; but they neither confer degrees, nor give any license to practise. Most of the students who aim at the medical degree resort, or until recently have resorted, to the Universities of Edinburgh and Glasgow. I was told that the class of apothecaries or general practitioners are not equal in attainment to the English; as the Dublin Apothecaries' Hall is less rigid in its examinations, and less exacting in its requisitions than the analogous society of London. The two degrees of Bachelor and Doctor of Medicine are conferred by the Dublin University, the former being regarded as a sufficient license to practise, and the latter merely as an honour.

In relation to Scotland, I confess that I have less precise information than of the two other sections of the kingdom. My journey through North Britain was so rapid, and my attention so much engrossed by obvious objects, that I failed to make full inquiries. But, from what I did see and hear, and from the comparative facility with which the degree of Doctor of Medicine, hitherto I believe the only one conferred by the Scottish schools, may be obtained, I have inferred, that physicians, or, in other words, graduates in medicine, are much more numerous



proportionably in this than in the southern section of the island, or in Ireland; and that, as with us, they perform all the offices of the profession; some directing a more exclusive attention to the pure practice of medicine, others to surgery, and others again to obstetrics. There is, however, a distinct body of surgeons, who practise under the license of the Edinburgh College of Surgeons, the Glasgow Faculty of Physicians and Surgeons, or some similar institution, without having obtained a degree. I heard of no class precisely analogous to the apothecaries or general practitioners of England.

The bodies having the right to confer the degree of Doctor of Medicine in Scotland, are the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews, and the King's College of Aberdeen. Of these, the Universities of Edinburgh, Glasgow, and Aberdeen, have medical schools connected with them, exactly as the University of Pennsylvania. All profess to require four years of attendance upon medical lectures; and most of the courses of lectures are required to be of six months' duration, which is the case also in the English schools. Besides these graduating institutions, there are three which have the power of licensing; namely, the Royal College of Physicians and the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow. There is a respectable medical school in Glasgow, connected with the institution called commonly, from its founder, the Anderson University, which has not, however, I believe, any legal collegiate powers.

The observations already incidentally made will spare me the necessity of speaking further of the general character of the medical profession in the British Islands. Upon the whole, I presume, their relative social standing is equal or superior to that of the profession in any other country in Europe, though inferior to that which is enjoyed in the United States, where, I am proud to say, the medical men as a body maintain a position with the highest, whether we take, as a measure of elevation, extent of attainment, sentiments of honour and of humanity, cultivation of manner, or the respect of the community.

There is, however, one point of which I would speak before I close. I wish to call your attention emphatically to the hospitable qualities of the medical practitioners of the United Kingdom, and especially to their kindly disposition towards their

professional brethren in this country. Wherever I went throughout the Islands, it was only requisite that I should be known as a physician from the United States, of ordinary repute at home, to secure me the kindest reception; and the want of time often compelled me to forego hospitalities that were urged upon me. I may be allowed, perhaps, to mention one instance in proof of what I have stated. Arriving towards the close of the day at one of the chief cities of England, I left my own card with another of introduction at the door of a physician of the place. After dark, he called upon me, stating that he had come immediately after receiving my card; and, having been told that we should depart on the following morning, insisted upon taking me at once over the town, and showing me as much of it as could be seen by the light of a beautiful moon, which had risen. I agreed to the proposal, and together we wandered through the streets and lanes, and about the walls of the city till it was nearly midnight. In the course of our peregrinations, I observed that remarkable respect was everywhere paid to my companion by the police; and, before returning to my quarters in the hotel, learned that I had been under the guidance of the mayor of the city. This act of extraordinary courtesy, with others which greatly facilitated my objects in travelling through that section of the country, I shall always bear in very pleasing remembrance.

All of you know of the meeting of the General Medical Association of the United States at Baltimore in May last. At that meeting, a delegation was appointed to represent the body in the British Provincial Medical Association which was to assemble at Bath in August. Among others, I myself, being in England at the time, was named upon the delegation; and, wishing to give effect to the intentions of the Association, I made arrangements, though at the expense of my previous plans, to be present at the meeting. My reception was, beyond all expectation, kindly and respectful. The credentials were read; resolutions of the most flattering character were passed unanimously; and the whole meeting rose to greet the messenger of good-will and brotherly sentiments from beyond the Atlantic. I was of course gratified; I can hardly express how highly gratified; not so much at the honour done to me, as to my country through me. These expressions and evidences of mutual good-will are of the highest national importance. A reciprocity of kindly feeling can scarcely

actuate distinct masses of intelligent men, such as compose the Medical Profession in England and America, without radiating more or less through their respective communities, and thus serving as a bond of peace and amity between two nations, whose mutual good-will is essential to the prosperity and happiness of both, and which, if united in the prosecution of the great object of human advancement, will exercise the most happy influence over the destinies of the whole earth. Let me urge upon you, gentlemen, to do all that lies in your power, by the cultivation of this friendly spirit towards your British brethren, to further so desirable a consummation.



